



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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April 28, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10753889 in amount of \$7,787
Account Number 10708147 in amount of \$21,000
Account Number 10934994 in amount of \$15,049
Account Number 10756745 in amount of \$24,118.12
Account Number 10691382 in amount of \$4,328.84

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

FILED
2005 APR 28 PM 4:06
COUNTY OF LOS ANGELES

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.73

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 73A
DATE: April 28, 2005

Amount of Aid	\$31,860.00	Account Number	10753889
Amount Paid	.00	Name	Adult Male
Balance Due	31,860.00	Service Date	08/10/03 to 08/27/03
Compromise Amount Offered	7,787.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$24,073.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$31,860.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,166.66	\$10,166.66	33.33%
Attorney Cost	113.22	113.22	.38%
Los Angeles City Fire Department	610.00	149.09	.48%
Arroyo Vista Family Health Center	130.00	31.77	.11%
Benjamin Broukhim, M.D.	1,360.00	332.40	1.08%
Ricardo Garcia, M.D.	1,305.00	318.96	1.04%
Missirian Ortho Medical Group	1,175.00	287.18	.94%
Highland Park Medical Group	5,375.00	1,313.72	4.31%
County of Los Angeles	31,860.00	7,787.00	25.54%
Net to Client	N/A	10,000.00	32.79%
Total	\$52,094.88	\$30,500.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 73B
DATE: April 28, 2005

Amount of Aid	\$63,070.00	Account Number	10708147
Amount Paid	.00	Name	Adult Male
Balance Due	63,070.00	Service Date	11/23/02 to 02/12/03
Compromise Amount Offered	21,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$44,054.31	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured in an accident on private property. He was treated at LAC USC Medical Center at a cost of \$63,070.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$69,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 27,600.00	\$19,375.98	28.08%
Attorney Cost	10,872.07	7,550.20	10.94%
Valley Presbyterian Hospital	1,051.41	310.02	.45%
California Medical Group Inc.	204.00	60.07	.09%
Phillip T. Sobel, M.D.	816.77	240.27	.35%
Danchik Therapy Centers	861.70	253.83	.37%
County of Los Angeles	63,070.00	21,000.00	30.43%
Net to Client	N/A	20,209.63	29.29%
Total	\$104,475.95	\$69,000.00	100.00%

Our financial investigation reveals that the client supports himself and a family of four with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 73C
DATE: April 28, 2005

Amount of Aid	\$65,670.00	Account Number	10934994
Amount Paid	.00	Name	Adult Male
Balance Due	65,070.00	Service Date	11/25/03 to 03/26/04
Compromise Amount Offered	15,049.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$50,621.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$65,670.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 16,666.00	\$16,666.00	33.33%
Attorney Cost	275.00	275.00	.55%
City of Burbank Ambulance	521.00	521.00	1.04%
Analgesic Health Clinic	1,553.70	1,000.00	2.00%
Millennium Health Chiro.	1,550 .00	1,000.00	2.00%
St. Joseph Hospital	4,406.00	3,084.20	6.16%
County of Los Angeles	65,670.00	15,049.00	30.12%
Net to Client	N/A	12,404.80	24.80%
Total	\$90,641.70	\$50,000.00	100.00%

Our financial investigation reveals that the client is self-employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 73D
DATE: April 28, 2005

Amount of Aid	\$88,395.00	Account Number	10756745
Amount Paid	.00	Name	Adult Female
Balance Due	88,395.00	Service Date	07/14/03 to 07/26/03
Compromise Amount Offered	24,118.12	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$64,276.88	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at Harbor UCLA Medical Center at a cost of \$88,395.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 24,292.34	\$24,292.34	32.38%
Attorney Cost	1,997.19	1,997.19	2.66%
Torrance Doctors Group	437.00	300.00	.40%
County of Los Angeles	88,395.00	24,118.12	32.18%
Net to Client	N/A	24,292.35	32.38%
Total	\$115,121.53	\$75,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 73E
DATE: April 28, 2005

Amount of Aid	\$30,410.00	Account Number	10691382
Amount Paid	.00	Name	Adult Female
Balance Due	30,410.00	Service Date	11/16/02 to 11/20/02
Compromise Amount Offered	4,328.84	Facility	LAC USC Medical Center
Amount to be Written Off	\$26,081.16	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$30,410.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,666.66	\$ 6,666.66	33.33%
Attorney Cost	709.50	709.50	3.55%
Los Angeles City Fire Department	643.75	93.84	.47%
Integrative Industrial Family Practice Clinic	6,817.00	993.71	4.95%
Larchmont Radiology Medical	4,000.00	583.07	2.92%
West Coast Medical Imaging	350.00	51.03	.26%
Balderrama Medical Clinic	1,080.00	157.43	.79%
County of Los Angeles	30,410.00	4,328.84	22.17%
Net to Client	N/A	6,311.92	31.56%
Total	\$50,676.91	\$20,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. She has no other source of income or tangible assets.